

**2023 NOT FOR PROFIT REGISTRATION ANNUAL REPORT**

DOCUMENT# C10082

**FILED**  
**Jan 25, 2023**  
**Secretary of State**  
**0921391385CC**

**Entity Name:** HAVANA LODGE NO. 167 FREE AND ACCEPTED MASONS OF FLORIDA

**Current Principal Place of Business:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**Current Mailing Address:**

RICHARD E. LYNN  
220 OCEAN ST  
JACKSONVILLE, FL 32202

**FEI Number: 23-7526439**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LYNN, RICHARD E  
220 OCEAN STREET  
JACKSONVILLE, FL 32202 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title SECRETARY  
Name DILLON, ADRIAN P  
Address PO BOX 180028  
City-State-Zip: TALLAHASSEE FL 32318-0028

Title VP  
Name BLANCHETT, HERSCHELL D  
Address 5034 FLAGSTONE CT  
City-State-Zip: TALLAHASSEE FL 32303

Title DIRECTOR  
Name REEDER, WILLIAM R  
Address 5893 CYPRESS CIR  
City-State-Zip: TALLAHASSEE FL 32303

Title TREASURER  
Name YAKIN, ROBERT  
Address 2036 PADLOCK PLACE  
City-State-Zip: TALLAHASSEE FL 32303-7478

Title PRESIDENT  
Name RAWSTHORNE, THOMAS J  
Address 114 DEER PASS  
City-State-Zip: HAVANA FL 32333

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: ADRIAN P. DILLON**

**SECRETARY**

**01/25/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date